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Blue Ribbon Commission for Healthcare Reform

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Health Reform Proposals

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Proposals

The Blue Ribbon Commission for Health Care Reform Solicited health reform proposals from interested parties around the state. Thirty-one proposals were submitted to the Commission; the Commission selected four of them for evaluation. In addition, the Commission has drafted its own, fifth proposal.

Complete descriptions of all proposals may be found by clicking the ¿Health Reform Proposals; button at left.

Following is a brief overview of the 5 proposals being evaluated.

Better Health Care for Colorado, submitted by Service Employees International Union

- No requirements for individuals to purchase or employers to provide insurance
- Expands Child Health Plan Plus (CHP+) to 300% of the federal poverty level (FPL)
- Provides private insurance coverage for "working poor" adults
 - O Choice of plans offered through health insurance exchange (i.e., a "one stop shop" that offers information, guidance and education to help consumers make informed choices)
 - O Offers subsidies for private insurance purchase to parents and childless adults up to 300% FPL
 - O Individuals may use subsidy to purchase employer-sponsored insurance
- Uninsured workers who earn above 300% FPL and small businesses that do not offer health insurance can purchase coverage through the exchange without a subsidy
- All plans offered through the exchange must provide at least a "core" minimum benefits package
 - O Annual benefit maximum = \$35,000
 - O Monthly premium cannot exceed \$150-250 depending on income
 - O Modified community rating for the minimum benefit package
 - O No deductible
 - O Cap annual benefits at \$35,000

Medicaid reform

- O Medicaid managed care; Primary Care Case Management in rural areas
- O Pay-for-performance for Medicaid hospitals and Medicaid long-term care facilities
- O Consumer-directed home care for Medicaid recipients
- · Long-term care reforms
 - O Increased access to home and community-based services for people with disabilities and seniors
 - O Achieve cost savings through placing recipients in least restrictive settings
 - O Improves home and community-based workforce to meet growing needs of consumers

Solutions for a Healthy Colorado, submitted by Colorado State Assn. of Health Underwriters

All Coloradans required to have insurance. Those with insurance get income tax credit; those

without pay tax penalty

- Core limited benefit plan for individual insurance
 - O All carriers must offer core benefit plan
 - O Annual benefit maximum of \$50,000
 - O Guaranteed issue
 - O Modified community rating
- Subsidies for those up to 250% FPL
- Expands CHP+
 - O Covers children up to 250% FPL
- Expands Medicaid
 - O Covers parents up to 100% FPL
- In addition to employer-sponsored plans, individuals will have a choice of plans offered through health insurance connector (see "exchange" definition above)
- Any benefit mandate that affects less than 1% of the population and contributes more than 1% of the cost of claims would be eliminated
- Establishes reinsurance pool to cover cost of high-dollar claims (>\$100,000)
- Uniform provider reimbursement
- Reforms medical malpractice laws, including limits on non-economic damages
- Establishes transparency standards to control and maintain costs

A Plan for Covering Coloradans, submitted by Committee for Colorado Health Care Solutions

- All Coloradans required to have insurance or pay assessment through income tax filing if they
 do not
- All employers required to either contribute to employee coverage or pay assessment
- Merge individual and small business purchasers into one pool
 - O Require guaranteed issue, pure community rating for plans offered through the pool
- Subsidies for those up to 400% FPL
 - O Safety net providers must be included in subsidy program
- Minimum benefit package
 - O Comprehensive coverage (including dental, mental health, substance abuse, prescription drugs, other benefits)
 - O Standardized benefit plans to allow consumers to compare plans
- Expand public programs for disabled (buy-in for those up to 300% FPL), elderly (up to 100% FPL), medically needy (50% FPL), children and parents (up to 300% FPL) and childless adults (up to 100% FPL); merge Medicaid and CHP+

Colorado Health Services Program, submitted by Health Care for All Colorado Coalition

- Single-payer program governed and administered like a public trust
 - O Governing board sets annual budget and determines provider rates
 - O Create Colorado Health Trust insulated from general state budget
 - O Index funding to rate of growth (e.g., GDP)
- Funded through income tax and payroll deductions
 - O Employers may pay for employees
- Covers everyone who has lived in the state at least 3 months, including those enrolled in federal programs such as Medicare, TRICARE, FEHBP, etc.
- Basic benefit package for all based on current Medicaid benefits
 - O Cover primary care, hospitalization, lab, emergency, auto and workers; comp, mental health, substance abuse, dental and other benefits; eventually add long-term care
 - O Long-term care (room and board excluded for higher income)
 - O Minimal co-pays assessed for services
- Statewide patient health information network for cost, utilization and quality information
 - O Use data to reward providers for high-quality care and identify and fund training needs

5th Proposal (Commission Proposal)

All Coloradans required to have insurance or pay assessment through income tay filing if they

do not

- Employers not required to offer insurance
 - O Required to offer payrol! deduction/pre-tax plans to help employees to purchase insurance themselves

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- "Connector" for employers/employees to purchase insurance
- Reform individual insurance market
 - O "Healthy" people can't be turned down
 - O Premiums can vary by age, geography
 - O Expand Cover Colorado to cover more people with chronic conditions
- Subsidies up to 400% FPL
 - O Catastrophic care fund for those eligible for subsidy
- Combine and expand Medicaid/CHP+
 - O Cover children up to 250% FPL
 - O Cover parents and childless adults up to 200% FPL
 - O Buy-in program for disabled
 - O "Medically Needy" and 'Medically Correctable" programs
- Optional "Continuous Coverage Portable Plan" similar to Medicare
- 24-hour coverage option for employers

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